

RECEIVED
CENTRAL FAX CENTER

001/003

MAY 05 2008

MORRISON | FOERSTER

555 WEST FIFTH STREET
LOS ANGELES
CALIFORNIA 90013-1024

TELEPHONE: 213.892.5200
FACSIMILE: 213.892.5454

WWW.MOFO.COM

MORRISON & FOERSTER LLP
NEW YORK, SAN FRANCISCO,
LOS ANGELES, PALO ALTO,
SAN DIEGO, WASHINGTON, D.C.
DENVER, NORTHERN VIRGINIA,
ORANGE COUNTY, SACRAMENTO,
WALNUT CREEK, CENTURY CITY
TOKYO, LONDON, BEIJING,
SHANGHAI, HONG KONG,
SINGAPORE, BRUSSELS

To:

NAME:	FACSIMILE:	TELEPHONE:
Centralized Facsimile Center US Patent and Trademark Office	571-273-8300	

FROM: Glenn M. Kubota

DATE:

May 5, 2008

Number of pages with cover page:	3	Originals Will Not Follow
-------------------------------------	---	---------------------------

Preparer of this slip has confirmed that facsimile number given is correct: 11641/LDS

Comments:

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/803,207
	Filing Date	March 18, 2004
	First Named	Guy ROME
	Art Unit	
	Examiner Name	
	Attorney Docket	480062003900

Enclosed are the following documents:

1. Transmittal – 1 page
2. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address – 1 page

To ensure compliance with requirements imposed by the United States Internal Revenue Service, Morrison & Foerster LLP informs you that, if any advice concerning one or more U.S. Federal tax issues is contained in this facsimile (including any attachments), such advice is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein.

CAUTION - CONFIDENTIAL

This facsimile contains confidential information that may also be privileged. Unless you are the addressee (or authorized to receive for the addressee); you may not copy, use, or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail

IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CALL
LINDSAY SEYDEL AT (650) 813-5827 AS SOON AS POSSIBLE.

OC-340276

PTO/SB/21 (01-08)

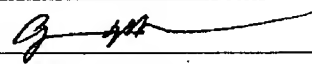
Approved for use through 04/30/2008. OMB 0651-0031

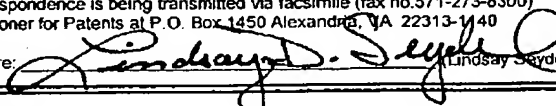
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/803,207	
	Filing Date	March 18, 2004	
	First Named Inventor	Guy ROME	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	2	Attorney Docket Number	480062003900

RECEIVED
CENTRAL FAX CENTER
MAY 05 2008

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 1 page
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	MORRISON & FOERSTER LLP	
Signature		
Printed name	Glenn M. Kubota	
Date	5-2, 2008	Reg. No. 44,197

I hereby certify that this correspondence is being transmitted via facsimile (fax no. 571-273-8300) to the USPTO Commissioner for Patents at P.O. Box 1450 Alexandria, VA 22313-1140	
Dated: 5-2, 2008	Signature:  (Lindsay D. Seydel)

oc-340046

PTO/SB/83 (01-08)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/803,207
	Filing Date	March 18, 2004
	First Named Inventor	Guy ROME
	Art Unit	
	Examiner Name	
	Attorney Docket Number	480062003900

RECEIVED
CENTRAL FAX CENTER

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

MAY 05 2008

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

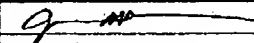
Client requested transfer

CORRESPONDENCE ADDRESS

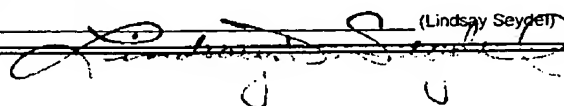
1. ☐ The correspondence address is NOT affected by this withdrawal.
 2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Todd W. Wight Rutan & Tucker LLP		
Address	611 Anton Boulevard Suite 1400		
City	Costa Mesa	State	California
Zip	92626-1931		
Country	U.S.A.		
Telephone	(714) 641-3460	Email	TWight@rutan.com
Signature			
Name	Glenn M. Kubota	Registration No.	44,197
Date	5-2-2008	Telephone No.	(213) 892-5593

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this correspondence is being transmitted via facsimile (fax no. 571-273-8300) to the USPTO Commissioner for Patents at P.O. Box 1450 Alexandria, VA. 22313-1140	
Dated: 5-2-2008	Signature:  (Lindsay Seydel)

oc-340110